

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

PLACE OF BIRTH:

County Gila State ARIZONA
Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____

Full name of child HIGDON (If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

Sex F Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____
5. Number, in order of birth _____ Full term _____ Date of birth April 10, 1893 193
(Month, day, year)

FATHER		MOTHER	
Full name <u>Hugh Higdon</u>		Full maiden name _____	
Residence (usual place of abode) (If nonresident, give place and State) _____		Residence (usual place of abode) (If nonresident, give place and State) _____	
Color or race _____	12. Age at last birthday _____ (years)	20. Color or race _____	21. Age at last birthday _____ (years)
Birthplace (city or place and State or country): _____		22. Birthplace (city or place and State or country): _____	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____ 193	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____ 193	26. Total time (years) spent in this work _____

Number of children of this mother (At time of this birth and including this child) _____ (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ Before labor _____ During labor _____

report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, or other person should make this return.

Name added from a supplemental report _____ (Date of) _____

(Signed) T. S. Collins M. D.

or _____ Midwife

Address _____

Filed 9-29-1894 193

Registrar.

Registrar.

185-410-633